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FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. IND. DEP. IND. DEP. DEP. TOTAL IND. --TOTAL IND. **\$** ■ **♦**33 TOTAL DEP. TOTAL DEP. TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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